

<i>SERFF Tracking Number:</i>	<i>THRV-126183487</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Thrivent Financial for Lutherans</i>	<i>State Tracking Number:</i>	<i>42628</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>Prestandard Med Supp Rates 2010</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: Prestandard Med Supp Rates 2010 SERFF Tr Num: THRV-126183487 State: ArkansasLH

TOI: MS02I Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed State Tr Num: 42628

Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized Co Tr Num: State Status: Approved-Closed

Filing Type: Rate	Co Status:	Reviewer(s): Stephanie Fowler
	Author: Julie Van Beck	Disposition Date: 07/14/2009
	Date Submitted: 06/10/2009	Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2010 Implementation Date: 01/01/2009

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 4.5%	Group Market Type:
Filing Status Changed: 07/14/2009	Explanation for Other Group Market Type:
	State Status Changed: 07/14/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	

****2010 Premium Rate Revision for Prestandardized Medicare Supplement Contracts & Riders****

The purpose of this rate filing is to demonstrate that the anticipated lifetime loss ratio of Thrivent Financial for Lutheran's pre-standardized Medicare supplement insurance meets the minimum requirements for your state. This filing is also

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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>Prestandard Med Supp Rates 2010</i>		
<i>Project Name/Number:</i>	<i>/</i>		

intended to request approval of a 4.5% premium increase for Forms 4922AR et al., Forms 4952AR et al., and Forms H1-MS-1 et al.

These contracts and riders are no longer issued as new business, so the rate revisions will apply to inforce business only.

Our last rate filing for these forms was approved by your Department on October 8, 2008.

If you have any questions regarding the rate information provided, please contact our actuary, Joel Kabala, by phone at 1-800-847-4836, ext.35580, or email joel.kabala@thrivent.com.

Company and Contact

Filing Contact Information

Julie Van Beck, Compliance Specialist II	julie.vanbeck@thrivent.com
625 Fourth Ave. South	(800) 847-4836 [Phone]
Minneapolis, MN 55415	(612) 340-5040[FAX]

Filing Company Information

Thrivent Financial for Lutherans	CoCode: 56014	State of Domicile: Wisconsin
4321 North Ballard Road	Group Code: 2938	Company Type: Fraternal
Appleton, WI 54919-0001	Group Name:	State ID Number:
(800) 847-4836 ext. [Phone]	FEIN Number: 39-0123480	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per rate filing for prestandardized Medicare supplement.
Per Company:	No

State: *Arkansas*

State Tracking Number: 42628

Company Tracking Number:

Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized

Product Name: Prestandard Med Supp Rates 2010

Project Name/Number: /

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Financial for Lutherans	\$50.00	06/10/2009	28483115

SERFF Tracking Number:	THR-126183487	State:	Arkansas
Filing Company:	Thrivent Financial for Lutherans	State Tracking Number:	42628
Company Tracking Number:			
TOI:	MS021 Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS021.000 Medicare Supplement - Pre-Standardized
Product Name:	Prestandard Med Supp Rates 2010		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	07/14/2009	07/14/2009

SERFF Tracking Number: *THRV-126183487* State: *Arkansas*
Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *42628*
Company Tracking Number:
TOI: *MS021 Individual Medicare Supplement - Pre-Standardized* Sub-TOI: *MS021.000 Medicare Supplement - Pre-Standardized*
Product Name: *Prestandard Med Supp Rates 2010*
Project Name/Number: */*

Disposition

Disposition Date: 07/14/2009

Implementation Date: 01/01/2009

Status: Approved-Closed

Comment: We have approved the requested 4.5% rate increase to be implemented on or after January 1, 2010. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Thrivent Financial for Lutherans	4.500%	4.500%	\$3,245	15	\$72,106	4.500%	4.500%

SERFF Tracking Number:	THR-126183487	State:	Arkansas
Filing Company:	Thrivent Financial for Lutherans	State Tracking Number:	42628
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TOI:	MS021 Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS021.000 Medicare Supplement - Pre-Standardized
Product Name:	Prestandard Med Supp Rates 2010		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	5.000%
Effective Date of Last Rate Revision:	01/01/2009
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Thrivent Financial for Lutherans	4.500%	4.500%	\$3,245	15	\$72,106	4.500%	4.500%

SERFF Tracking Number: *THR-126183487* State: *Arkansas*
 Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *42628*
 Company Tracking Number:
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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Prestandard Medicare Supplement Contracts & Riders	4922AR, 4867AR	Revised	Previous State Filing Number: 40229 Percent Rate Change Request: 4.500	AR Premiums 4922AR.pdf
Approved	Prestandard Medicare Supplement Contracts & Riders	4952AR 9-90, 4953, 4954, 4956, 4952AR, 4955	Revised	Previous State Filing Number: 40229 Percent Rate Change Request: 4.500	AR Premiums 4952AR.pdf
Approved	Prestandard Medicare Supplement Contracts & Riders	H1-MS-1, HR1-MDC, H1-MO-MSLO-1, H1-ME-MSME-1, H1-MI-MSHI-1	Revised	Previous State Filing Number: 40229 Percent Rate Change Request: 4.500	AR Premiums H1-MS-1.pdf

**Appendix D-BMS-Rate
Proposed Premiums for Forms 4922AR et al.**

		Hospital w/ Part A Ded.	Hospital w/o Part A Ded.	Medical per \$100 of Surgical Max. w/Prescription Drugs	w/o Prescription Drugs
Male	Age				
	65-69	\$713.94	\$157.68	\$23.17	\$10.19
	70-74	\$713.94	\$157.68	\$23.17	\$10.19
	75+	\$713.94	\$157.68	\$23.17	\$10.19
Female	65-69	\$713.94	\$157.68	\$23.17	\$10.19
	70-74	\$713.94	\$157.68	\$23.17	\$10.19
	75+	\$713.94	\$157.68	\$23.17	\$10.19

Quarterly Premium = .255 x Annual Premium + \$.75

Monthly Pre-authorized Check Premium = .0855 x Annual Premium

The following premiums are for 2010. They include coverage for prescription drugs.

Three Digit Zip Code	Surgical Maximum	Age	With Coverage of Part A Deductible		Without Coverage of Part A Deductible	
			Male	Female	Male	Female
716-719 723-729	23300	65-69	\$6,112.55	\$6,112.55	\$5,556.29	\$5,556.29
		70-74	\$6,112.55	\$6,112.55	\$5,556.29	\$5,556.29
		75+	\$6,112.55	\$6,112.55	\$5,556.29	\$5,556.29
720-722	24600	65-69	\$6,413.76	\$6,413.76	\$5,857.50	\$5,857.50
		70-74	\$6,413.76	\$6,413.76	\$5,857.50	\$5,857.50
		75+	\$6,413.76	\$6,413.76	\$5,857.50	\$5,857.50

The following premiums are for 2010. They exclude coverage for prescription drugs.

Three Digit Zip Code	Surgical Maximum	Age	With Coverage of Part A Deductible		Without Coverage of Part A Deductible	
			Male	Female	Male	Female
716-719 723-729	23300	65-69	\$3,088.21	\$3,088.21	\$2,531.95	\$2,531.95
		70-74	\$3,088.21	\$3,088.21	\$2,531.95	\$2,531.95
		75+	\$3,088.21	\$3,088.21	\$2,531.95	\$2,531.95
720-722	24600	65-69	\$3,220.68	\$3,220.68	\$2,664.42	\$2,664.42
		70-74	\$3,220.68	\$3,220.68	\$2,664.42	\$2,664.42
		75+	\$3,220.68	\$3,220.68	\$2,664.42	\$2,664.42

Thrivent Financial for Lutherans
Appleton, WI 54919-0001

Appendix D-IMS
Premiums for Forms 4952AR et al
Level Annual Premiums

MEDICARE SUPPLEMENT
Forms 4952AR, 4952AR 9-90

Issue Age	Male	Female
65-69	1550	1550
70-74	1550	1550
75+	1550	1550

MEDICARE PART A DEDUCTIBLE RIDER
Form 4953
(PER \$4 OF PART A DEDUCTIBLE)

Issue Age	Male	Female
65-69	2.05	2.05
70-74	2.05	2.05
75+	2.05	2.05

MEDICARE PART B USUAL AND CUSTOMARY CHARGES RIDER
Form 4954

Issue Age	Male	Female
65-69	265	265
70-74	265	265
75+	265	265

Thrivent Financial for Lutherans
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Appendix D-IMS (continued)
Premiums for Forms 4952AR et al
Level Annual Premiums

MEDICARE PART B DEDUCTIBLE AND
MEDICARE PART B USUAL AND CUSTOMARY CHARGES RIDER
Form 4955

Issue Age	Male	Female
65-69	1090	1090
70-74	1090	1090
75+	1090	1090

OUTPATIENT PRESCRIPTION DRUG
USUAL AND CUSTOMARY CHARGES RIDER
Form 4956

Issue Age	Male	Female
65-69	4860	4860
70-74	4860	4860
75+	4860	4860

AREA FACTORS - ARKANSAS

First 3 Digits of ZIP Code	Area Factor
716-719, 723-729	0.9
720-722	1.0

Quarterly Premium = $.255 \times \text{Annual Premium} + \$.75$

Monthly Pre-authorized Check Premium = $.0855 \times \text{Annual Premium}$

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Appleton, WI 54919-0001

Appendix D_LB
Proposed Premiums for Forms H1-MS-1, et al

LEVEL ANNUAL PREMIUMS
NOT INCLUDING AREA FACTORS SHOWN BELOW

Issue Age	Form H1-MS-1	Form HR1-MDC with Form H1-MS-1
All	\$ 974	\$ 1,265

\$10 policy fee must be added.

AREA FACTORS - ARKANSAS

First 3 Digits of ZIP Code	Area Factor
716-719, 723-729	0.80
720-722	0.95

Semiannual Premium = $.510 \times \text{Annual Premium} + \0.50

Quarterly Premium = $.257 \times \text{Annual Premium} + \0.75

Monthly Premium = $.088 \times \text{Annual Premium} + \1.00

Monthly Pre-authorized Check Premium = $.086 \times \text{Annual Premium} + \0.40

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